

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-873)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

1	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.
	AS FILED	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.			
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
23						73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40	1	1	1	1		90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	3					TOTAL IND.		
TOTAL DEP.	1					TOTAL DEP.		
TOTAL CLAIMS	1	1	1	1		TOTAL CLAIMS		

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS